

Case Number:	CM13-0003655		
Date Assigned:	01/10/2014	Date of Injury:	11/15/2012
Decision Date:	05/02/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51 year-old female who was injured on 11/15/12 when she slipped and fell. She has been diagnosed with cervicalgia, radiculopathy; left shoulder pain; left wrist pain; thoracic spine pain; lumbar pain, radiculopathy; abdominal discomfort; anxiety disorder; mood disorder; and sleep disorder. According to the 3/7/13 orthopedic initial consultation, the patient presents with sharp 7-8/10 neck pain; 5-6/10 left shoulder pain; 3-4/10 left wrist/hand pain; 6/10 upper/mid back pain; and 3-4/10 low back pain. She was taking ibuprofen, tramadol and using Dendracin topical. The physician requested PT and chiropractic care 2x4. On 7/2/13, UR recommended non-certification of an additional PT 2x4, noting that the patient had 18 PT sessions since 4/16/13.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

8 ADDITIONAL PHYSICAL THERAPY VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The patient presents with neck, back and left upper extremity pain. She is reported to have had 18 PT visits from 4/16/13 through 6/25/13. The physician requested an additional 8 sessions of PT. MTUS guidelines, allow for up to 8-10 sessions of PT for various myalgias or neuralgias. The MTUS recommendations for PT have already been exceeded, the request for 8 additional visits will continue to exceed the guidelines.